

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3						
4						
5						
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25	1					
26	1					
27						
28	1					
29	2					
30	2					
31	2					
32	2					
33	2					
34	2					
35	2					
36	2					
37	2					
38	1					
39	2					
40	2					
41						
42						
43						
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46						
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48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	14					
TOTAL CLAIMS	50					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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